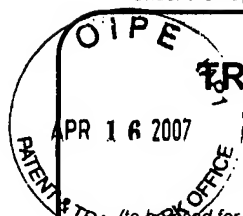
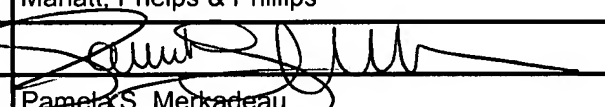



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| | | | |
|---|----------------------|------------------------|-----------|
|  TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/553,721 | |
| | Filing Date | September 6, 2006 | |
| | First Named Inventor | Lionel WOLOVITZ | |
| | Art Unit | 2153 | |
| | Examiner Name | Not Yet Assigned | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 25587-036 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): • Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page) • Return Receipt Postcard |
| <div style="border: 1px solid black; padding: 5px;">Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Manatt, Phelps & Phillips | | |
| Signature |  | | |
| Printed name | Pamela S. Merkadeau | | |
| Date | April 13, 2007 | Reg. No. | 53,318 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Barbara M. Weatherly | Date | April 13, 2007 |

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 10/553,721 |
| Filing Date | September 6, 2006 |
| First Named Inventor | Lionel WOLOVITZ |
| Art Unit | 2153 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 25587-036 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 36614

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Pursuant to owner's request, attorneys are no longer representing Applicant.
Owner has requested file be forwarded to new counsel indicated below.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name **Scott McKeown
OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.**

Address **1940 Duke Street**

City **Alexandria** State **Virginia** Zip **22314-3412**

Country **United States**

Telephone **703-413-3000**

Email

Signature

Name **Pamela S. Merikadeau**

Registration No. **53,318**

Date **April 13, 2007**

Telephone No. **650-812-1375**